

## About Traore Scholarship Application

**Returning Student  
2012-13 Academic Year**

Office of Scholarships and Financial Aid \* 7400 Bay Road  
University Center, MI 48710

PHONE: (989) 964-4103 \* FAX: (989) 964-4291  
[financial-aid@svsu.edu](mailto:financial-aid@svsu.edu) \* [www.svsu.edu/financialaid](http://www.svsu.edu/financialaid)

This application will be considered for the Abou Traore Scholarship. In addition to this application, you will need to complete the 2012-13 Free Application for Federal Student Aid (FAFSA) Form. We encourage you to apply for FAFSA on the web @ [www.fafsa.ed.gov](http://www.fafsa.ed.gov). You must also apply for a PIN number @ [www.pin.ed.gov](http://www.pin.ed.gov). If you are a dependent student, your parent(s) must also apply for a PIN number.

The Abou M. Traore Scholarship is for (2) semesters (fall and winter) and full time enrollment is required, unless notified. Applications will be accepted in the Office of Scholarships and Financial Aid through **April 6, 2012.**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
_____/_____/_____	_____/_____/_____	_____
<b>Date of Birth</b>	<b>Social Security Number</b>	<b>SVSU ID #</b>
<b>Permanent Address</b>	<b>City</b>	<b>State</b>
_____	_____	<b>Zip</b>
<b>County</b>	(_____) _____	<b>Telephone Number</b>
_____	_____	_____
<b>Name of College</b>	<b>City</b>	<b>State</b>
_____	_____	_____
<b>When do you expect to graduate from SVSU?</b>	<b>Semester</b> / <b>Year</b>	<b>Enrollment Status</b>
_____	_____/_____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>

**Please check the appropriate category:**  
 **Returning Undergraduate Student**  
 **Graduate Student**

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_ **G.P.A.** \_\_\_\_\_

Office Use Only		
Start Term _____	County _____	Full Time _____
Major _____	G.P.A. _____	Part Time _____
Grade Level _____	Total SVSU Credits _____	

**As part of this application, please submit an essay describing your specific plans for after graduation to improve the quality of life for others in the world. Please attach an additional sheet(s).**

**Please return completed application and essay to:**

**Saginaw Valley State University  
Office of Scholarships and Financial Aid  
Wickes Hall Room 141  
(989) 964-4103**

**DEADLINE: April 6, 2012**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

**SVSU does not discriminate based on race, religion, color, gender, sexual orientation, national origin, age, physical impairment, disability or Vietnam-era veteran status in the provision of education, employment and other services.**